

Region 9 Application Kit

Small Award

Use this application kit *only* if your EPA Project Officer has indicated that your award qualifies as a Small Award.

Application Checklist for Small Awards

Include the original and one copy of the following items in your Application Package:

- // APPLICATION FOR FEDERAL ASSISTANCE, [SF424](#), w/original signature, tracking #
BUDGET INFORMATION (Sections A through F), [SF424A](#)
ASSURANCES (1 through 18), [SF424B](#), with original signature
- // Key People List
- // Workplan (Limited to 5 pages)
- // Certification Regarding Debarment, Suspension, and Other Responsibility Matters, [EPA Form 5700-49](#), with authorized Original Signature
- // Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance, [EPA Form 4700-4](#), with authorized Original Signature

If you are a NEW applicant, in order to receive payments from EPA, complete the following form:

- // ACH Vendor/Miscellaneous Payment Enrollment Form - [Treasury Form 3881](#)

Please mail this form to:

**U.S. EPA, Region 9
Finance Office (PMD-6)
75 Hawthorne Street
San Francisco, CA 94105**

Region 9 Application Instructions - Small Award

DUE DATE

All applicants must apply for Federal financial assistance on Standard Form 424 (revised 7/97). The final application and workplan should be submitted by the date indicated in the guidance letter accompanying this application kit. All OMB Standard Forms (SF) and Circulars are also available for download at <http://www.whitehouse.gov/omb/grants/index.html>.

SUBMISSION

Please submit all items noted on the enclosed Application Checklist to:

**Melinda Taplin
Grants Management Office, PMD-7
U.S. Environmental Protection Agency
75 Hawthorne Street
San Francisco, CA 94105**

HOW TO COMPLETE YOUR APPLICATION FOR FEDERAL ASSISTANCE

Based on the inquiries we frequently receive, we have developed the following information to augment the instructions in the “Application for Federal Assistance” (Standard Form 424 and 424A). Reading this information in conjunction with the instructions for the SF-424 and the SF-424A will help ensure that all the necessary information is included with your submission to EPA. Questions regarding completion of the application forms should be referred to the Grants Specialist identified on the guidance letter accompanying this application kit.

APPLICATION FOR FEDERAL ASSISTANCE (SF-424)--FACESHEET

Refer to the pre-printed instructions for the SF-424 on the SF-424 form. Those items not discussed below are considered self-explanatory or adequately explained by the form instructions. Complete all items as instructed. If a particular item does not apply, please indicate N/A.

Item 5: If the individual you list under “name and telephone number of the person to be contacted for matters involving this application” is not the Project Manager (i.e. the person who will be our contact for technical matters if the application is funded) provide the name, title, address and telephone number of that person on the Key People List.

Item 6: Employer Identification Number (EIN) is also known as The Taxpayer Identification Number and must be provided.

Item 7: If the applicant is a non-profit organization, indicate your IRS classification. Organizations classified under 501(c)(4) of the Internal Revenue Code of 1986 which engage in lobbying activities are not eligible for Federal financial assistance.

Item 9: Insert the name of the EPA program person from whom you have received pre-application assistance. This ensures that your application will be routed to the appropriate EPA office for review.

Item 10: List the EPA Catalog of Federal Domestic Assistance (CFDA) number and title of the program/project for which you are applying. Refer to the CFDA listing at the end of these instructions.

Item 11: Provide a brief description of the proposed program or project. A detailed description is included in the workplan or project narrative.

Item 13: The proposed project start date and ending date should reflect the amount of time required to complete the entire work plan specified in the Application. The start date should be at least sixty days after the submission date of the final application package to EPA.

Item 14a: Enter the congressional district number where the applicant's office is located.

14b: Enter the congressional district number(s) affected by the program/project. If every district within the State is affected, enter "Statewide."

Item 15: The amounts under "Estimated Funding" are the amounts of federal dollars requested including any amounts to be contributed by the Applicant or other parties during the budget and project periods.

Item 16: Executive Order 12372 and EPA's implementing regulation, 40 CFR Part 29, sets forth the Agency's obligations and procedures for consulting with and responding to views expressed by State and local officials on proposed EPA direct development activities and applications submitted for EPA financial assistance. The EPA program/project for which you are applying may be subject to your State's intergovernmental review process. You must contact your State's Single Point of Contact (SPOC) to determine if the grant program was selected for coverage by the State process. The Office of Management and Budget maintains a list of SPOCs at this site: <http://www.whitehouse.gov/omb/grants/spoc.html>. Applicants must submit or fax page 1 of the application (or summary thereof) to the SPOC. *Tribes are encouraged to comply with the process, but it is not mandatory.*

CALIFORNIA

Grants Coordination
State Clearinghouse
Office of Planning & Research
P.O. Box 3044, Room 212
Sacramento, CA 95812-3044
Telephone: (916) 445-0613
FAX: (916) 323-3018
Email: state.clearinghouse@opr.ca.gov

NEVADA

Heather Elliott
Department of Administration
State Clearinghouse
209 E. Musser Street, Room 200
Carson City, Nevada 89701
Telephone: (775) 684-0209
Fax: (775) 684-0260
Email: helliott@budget.state.nv.us

GUAM

Director
Bureau of Budget and Mgmt. Research
Office of the Governor
P.O. Box 2950
Agana, Guam 96910
Telephone: 011-671-472-2285
Fax: 011-472-2825
Email: jer@ns.gov.gu

NORTH MARIANA ISLANDS

Ms. Jacoba T. Seman
Federal Programs Coordinator
Office of Management and Budget
Office of the Governor
Saipan, MP 96950
Telephone: (670) 664-2289
Fax: (670) 664-2272
Email: omb.jseman@saipan.com

Item 18: The application must be signed and dated by the person who has authority to commit the applicant to performance, to compliance with the assurances stated on the SF 424B, and to execute the Assistance Agreement on behalf of the applicant if a grant is awarded. An original signature is required.

BUDGET INFORMATION - NON CONSTRUCTION PROGRAMS (SF-424A)

A complete budget must be submitted in order to be considered for federal assistance. The application includes a two-page sheet, "Budget Information - Non-Construction Programs" (Standard Form 424A), Sections A through F. Complete Sections A, B and F. Complete Section C if estimated funding includes other sources of non-federal funding besides the applicant's cost share. Sections D and E are optional.

Section A - Budget Summary

Columns (a), (b), (c), (d), are not required. Complete columns (e), (f), and (g).

Section B - Budget Categories

Enter the amounts for the COMBINED Federal and non-Federal funds distributed by object class categories under column (5) "Total." Columns (1) - (4) may be used to separately identify the amount of Federal funds, recipient matching contribution, etc. Column (5) , line k total should be the same as the total amount shown on the SF-424 facesheet under item 15g.

Section C - Non-Federal Resources

Complete only if other sources of non-Federal funds are budgeted for your project. Amounts should agree with the amounts budgeted under item 15 on the SF-424 facesheet. Refer to the pre-printed instructions for this item on the SF-424A.

Section D - Forecasted Cash Needs

Optional. Refer to the pre-printed instructions for this item on the SF-424A

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

Optional. Refer to the pre-printed instructions for this item on the SF-424A.

Section F - Other Budget Information

Use this space to explain any amounts for individual direct object class categories that may require prior EPA approval. If indirect charges are included, enter the indirect cost rate, the base to which the rate is applied, and attach a copy of the Negotiated Indirect Cost Rate Agreement (as applicable).

ASSURANCES - NON-CONSTRUCTION PROGRAMS (SF-424B)

As an applicant for Federal Financial Assistance, you must assure that you will comply with all applicable Federal Statutes, Executive Orders, regulations, and policies governing the program/project. The required Assurances must be signed by the authorized representative who signed the SF-424 Facesheet. An original signature is required.

KEY PEOPLE LIST

Complete the enclosed “Key People List” and return it with your application. **Check the box on the bottom of the form if you would like to be notified via email when EPA receives your application.**

WORKPLAN

Attach a copy of your proposed work plan or E-mail as an attachment to: r9grants@epa.gov. Please include on the subject line of your E-mail your *organization's name* and *R9 Tracking #* located in the upper right-hand corner of the guidance letter. Your workplan must include a clear explanation of how it relates to your budget. Any questions regarding the work plan or program objectives should be discussed with your EPA Project Officer.

REQUIRED CERTIFICATIONS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters (EPA Form 5700-49)

Each prospective recipient of an EPA grant, loan, or cooperative agreement and any contract or subagreement participant thereunder must complete EPA Form 5700-49 "Certification Regarding Debarment, Suspension, and Other Responsibility Matters." The authorized representative is required to sign the certification for each application for Federal assistance. Your organization may fulfill this requirement by filing an annual certification form with original signatures with EPA's Grants Management Office. This requirement is established in 40 CFR Part 32.

Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance (EPA Form 4700-4)

Complete the Pre-Award Compliance Review Report, EPA Form 4700-4, and return it with your application. If a recipient receives more than one grant from EPA Region 9, you may choose to complete this form for all EPA Region 9 environmental programs by indicating on the form, under Part II “APPLICABLE TO ALL EPA, REGION 9 GRANTS”. This form will be valid for one year from the date it is received by the Grants Management Office. All applicants should complete roman numerals I through V. If the information in Section VI through IX does not apply to your project or program, write N/A for “not applicable.” The authorized representative is required to sign and date the form under Section X. Questions regarding completion of the form should be addressed to Gina Edwards, Office of Civil Rights, at (415) 947-4284.

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

Note: If your agency is already set up on Electronic Funds Transfer (EFT) or ASAP payment system, then an 'ACH Vendor/Miscellaneous Payment Enrollment Form' may not be included in your application kit.

The Debt Collection Improvement Action of 1996, P.L. 104-134, requires that all federal payments be made via Direct Deposit/Electronic Funds Transfer (DD/EFT) and include the payee's Taxpayer Identification Number (TIN).

- 1) All recipients who have not registered for the DD/EFT payment method must do so by submitting the *ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM* (SF 3881) to:

**U. S. EPA, Region 9
Finance Office (PMD-6)
75 Hawthorne Street
San Francisco, CA 94105**

Your agency must return this form in order to receive any payments from our office.

- 2) Please complete the section "PAYEE/COMPANY INFORMATION." The legal name on this enrollment form **must** match your grant award/application.
- 3) Please be sure to include your Taxpayer Identification Number. This is used by our agency to generate the electronic funds transfer.
- 4) Please bring this form to your banking institution and have them complete the section "FINANCIAL INSTITUTION INFORMATION." The ACH coordinator is a staff person located in your bank.
- 5) An authorized official at your banking institution must sign the bottom of the enrollment form.
- 6) Please keep the second page of the enrollment form for your records.
- 7) Upon our office's receipt of this form, we will send your agency a follow-up letter confirming your enrollment in the EFT system.
- 8) As part of our internal control, our office will wire a test payment of \$1.00 to the account indicated on your enrollment form.
- 9) When your office receives the \$1.00 in your bank account, please return the confirmation notice that is provided with the follow-up letter. Once our office receives your confirmation notice, the DD/EFT enrollment process will be complete and all future payments will be made electronically.

If you have any questions regarding the ACH enrollment form, please contact Marie Ortesi at 415-972-3710 or Catherine Shen at 415-972-3704 of the USEPA Finance Office.

OMB Circulars and EPA Regulations

You should be familiar with the Federal requirements that govern Federal grants before you apply. These requirements often vary depending on your organization type and are established in law, Executive Order, Federal regulation, and the OMB Circulars.

OMB Circulars:

A-21	Principles for Determining Costs Applicable to Grants, Contracts, and other Agreements with Educational Institutions
A-87	Cost Principles for State, Local and Indian Tribal Governments
A-122	Cost Principles for Non-Profit Organizations
A-102	Grants and Cooperative Agreements with State and Local Governments
A-110	Grants and Cooperative Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations
A-133	Audits of States, Local Governments, and Non-Profit Organizations.

EPA Regulations:

40 CFR Part	30	Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Institutions
	31	Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments and Indian Tribes
	35	State, Local, and Tribal Assistance

To obtain sections of the 40 Code of Federal Regulations (CFR), Parts 1-49, refer to the website <http://www.epa.gov/ogd/> (Regulations).

To obtain the printed 40 Code of Federal Regulations (CFR), Parts 1-49, you may contact the Superintendent of Documents, United States Government Printing Office (USGPO), P.O. Box 371954, Pittsburgh, PA 15250-7954 at (202) 512-1803.

Catalog of Federal Domestic Assistance (CFDA) Number:

Block 10 of the SF424 Application requires a CFDA number. A listing of all current EPA assistance programs and their CFDA numbers can be found at http://www.cfda.gov/public/browse_agy.asp?agy_id=66&st=1 . New CFDA numbers are regularly created, so refer to this web site often.

KEY PEOPLE LIST

Please show street address as well as Post Office Box Number where applicable.

AGENCY/ORGANIZATION DIRECTOR

(Individual who is authorized to sign the assistance agreement application and award acceptance.)

NAME: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____

PROGRAM/PROJECT DIRECTOR

(Technical program director or person responsible for the project as a contact person in Block #5 of the application.)

NAME: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____

FINANCE DIRECTOR

(Individual responsible for maintaining the accounting and financial management system supporting expenditures, preparing the financial reports, etc.)

NAME: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____

9 Please check this box if you would like an email acknowledgment of this Grant Application received by U.S. EPA. (Please provide an email address to receive the email acknowledgment)

EMAIL ADDRESS: _____

SAMPLE - BUDGET

Standard Form 424A

(4-88)

BUDGET INFORMATION - Non-Construction Programs							OMB Approval No. 0348-0044
SECTION A - BUDGET SUMMARY							
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget			
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)	
1. Environmental Education	66.951	\$	\$	\$15,000	\$5,000	\$20,000	
2.							
3.							
4.							
5. TOTALS				\$15,000	\$5,000	\$20,000	
SECTION B - BUDGET CATEGORIES							
6. OBJECT CLASS CATEGORIES	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)		
	(1) Federal	(2) Match	(3)	(4)			
a. Personnel	\$ 8,100	\$4,000	\$	\$	\$ 12,100		
b. Fringe Benefits	1,200	\$600			1,800		
c. Travel	3,000				3,000		
d. Equipment	1,200				1,200		
e. Supplies	600				600		
f. Contractual	0				0		
g. Construction	0				0		
h. Other	900	\$400			1,300		
i. Total Direct Charges (sum of 6a - 6h)	15,000	\$5,000			20,000		
j. Indirect Charges	0				0		
k. TOTALS (sum of 6i and 6j)	15,000	5,000			20,000		
7. Program Income	\$	\$	\$	\$	\$	0	

<div> <div>SAMPLE SECTION C - NON-FEDERAL RESOURCES</div> <div>Standard Form 424A (4-88)</div> </div>					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Environmental Education	\$5,000	\$	\$	5,000.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8 and 11)	5,000.00	\$ 0.00	\$ 0.00	5,000.00	
SECTION D - FORECASTED CASH NEEDS					
13. Federal	(Total for 1st Year)	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$ 15,000	3,750.00	3,750.00	3,750.00	3,750.00
14. NonFederal	\$ 5,000	1,250.00	1,250.00	1,250.00	1,250.00
15. TOTAL (sum of lines 13 and 14)	20,000.00	5,000.00	5,000.00	5,000.00	5,000.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTALS (sum of lines 16 - 19)	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION F - OTHER BUDGET INFORMATION					
(Attach additional sheets if Necessary)					
21. Direct Charges: \$20,000		22. Indirect Charges: \$0			
23. Remarks: Please include anything not fully explained in the budget detail (i.e. Indirect Cost Rate, Base, etc.)					